

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

SECRETARY OF THE SENATE

15 APR 15 PM 3:43
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

12FE4M5

Friends of Mary Landrieu, Inc.

ADDRESS (number and street)

700 13th Street, NW

Suite 600

Washington

DC

20005

☐ Check if different than previously reported. (ACC)

- 2.
- FEC IDENTIFICATION NUMBER ▼**

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00325126

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

LA

00

- 4.
- TYPE OF REPORT**
- (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day
- PRE**
- Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

in the State of

LA

- (c) 30-Day
- POST**
- Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

in the State of

LA

5. Covering Period

M M / D D / Y Y Y Y
01 01 2015

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

through

M M / D D / Y Y Y Y
03 31 2015

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy Marsiglia

Signature of Treasurer

Nancy Marsiglia

Date

M M / D D / Y Y Y Y
04 15 2015

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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Only**FEC FORM 3**
(Revised 02/2003)